

APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency.
Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY

SWIS NUMBER: 30-AB-0035	FILING FEE: N/A	RECEIPT NUMBER: N/A	DATE RECEIVED: 01/11/2010
DATE ACCEPTED: 02/09/2010	DATE REJECTED: N/A	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: N/A	
DATE DUE: _____			

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY:

County of Orange Health Care Agency/Environmental Health

B. COUNTY:

Orange

C. TYPE OF APPLICATION (Check one box only):

- | | |
|---|--|
| <input type="checkbox"/> 1. NEW SWFP and/or WDRS | <input type="checkbox"/> 4. PERMIT REVIEW |
| <input checked="" type="checkbox"/> 2. REVISION OF SWFP and/or WDRS | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. EXEMPTION and/or WAIVER | <input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY: Olinda Alpha Landfill

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: 1942 N. Valencia Avenue, Brea, California 92823

2. LATITUDE AND LONGITUDE: Latitude = 33.934 Longitude = -117.841

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED: Sections 4, 5, 8 and 9 of Township 3 South, Range 9 West, San Bernardino Baseline and Meridian.

C. TYPE OF ACTIVITY: (Check applicable boxes):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 1. DISPOSAL
a. TYPE: Class III | <input type="checkbox"/> 3. TRANSFORMATION | <input type="checkbox"/> 5. OTHER (describe): _____ |
| <input type="checkbox"/> 2. COMPOSTING
a. TYPE: _____ | <input type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY
<input type="checkbox"/> CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING. | |

D. CONFORMANCE FINDING INFORMATION (CIWMP):

- ☒ 1. FACILITY IS IDENTIFIED IN (Check one):
- | | | |
|---|---------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> SITING ELEMENT (see Attachment 4) | DATE OF DOCUMENT March 27, 1996 | PAGE # Table 4-1 and 4-2 and Fig. 4-1 |
| <input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT | DATE OF DOCUMENT _____ | PAGE # _____ |
- ☐ 2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. AGRICULTURAL | <input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION | <input type="checkbox"/> 11. LIQUIDS |
| <input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable | <input type="checkbox"/> 7. CONTAMINATED SOILS | <input checked="" type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE |
| <input type="checkbox"/> 3. ASH | <input type="checkbox"/> 8. DEAD ANIMALS | <input type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input checked="" type="checkbox"/> 9. INDUSTRIAL | <input type="checkbox"/> 14. TIRES (shredded/compacted) |
| <input type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____ | <input checked="" type="checkbox"/> 10. INERT | <input checked="" type="checkbox"/> 15. OTHER (describe): separated or segregated green waste, asphalt, and City clean-up waste |

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)):

- ☒ 1. DESIGN (describe): Phased vertical and horizontal expansions of the OAL permitted refuse footprint within the existing property boundary. See Attachment 1A.
- ☒ 2. OPERATION (describe): Installation of fully unattended, automated fee booth lane. See Attachment 1A.
- ☐ 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): _____
- ☐ 4. OTHER (describe): _____

B. FACILITY INFORMATION:**1. INFORMATION APPLICABLE TO ALL FACILITIES:**

- a. PEAK DAILY TONNAGE OR CUBIC YARDS: 8000 tpd
- 1) DISPOSAL/TRANSER (unit): 8000 tpd
- 2) OTHER (unit): The landfill will accept an average of 3,000 to 4,000 tpd exempt commodities (i.e., PGM, asphalt, and concrete)
- b. DAILY DESIGN TONNAGE (TPD): 8000 tpd
- c. FACILITY SIZE (acres): 565.2 acres
- d. PEAK TRAFFIC VOLUME PER DAY (vpd): 1012 vpd
- e. DAYS AND HOURS OF OPERATION: Monday through Saturday; 6:00 a.m. to 4:00 p.m. for refuse disposal from transfer trucks and 7:00 a.m. to 4:00 p.m. for the general public and commercial haulers. Maintenance and special projects may be performed 24 hours a day, Monday through Sunday. Inmates and work release laborers perform litter control at the site on Sundays. Maintenance contractors for heavy equipment, environmental control systems (landfill gas and groundwater) are allowed to access the site 24 hours per day. Site closed New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY:

- a. SITE STORAGE CAPACITY (cu yds): Not Applicable

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

- a. AVERAGE DAILY TONNAGE (TPD): 7,000 tpd (based on Cooperative Agreement with City of Brea-App. A of Dec. 2009 JTD)
- b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds): 123.1 mcy
- c. SITE CAPACITY PROPOSED (Airspace) (cu yds): Additional 25.7 mcy (as reported in FEIR for the RELOOC Strategic Plan Olinda Alpha Landfill Implementation, No. 588, SCH# 2004011055). For a new total capacity of 148.8 mcy.
- d. SITE CAPACITY USED TO DATE (Airspace) (cu yds): 95.3 mcy (as of 11/30/09)
- e. SITE CAPACITY REMAINING (Airspace) (cu yds): 27.8 mcy (as of 11/30/09)
- f. DATE OF CAPACITY INFORMATION (Date) (See instructions): November 30, 2009
- g. LAST PHYSICAL SITE SURVEY (Date): September 8, 2009
- h. ESTIMATED CLOSURE DATE (month and year): December 31, 2021
- i. DISPOSAL FOOTPRINT (acres): 453 acres (permitted 420 acres and 33 additional acres in lateral expansion)
- j. SITE CAPACITY PLANNED (cu yds): Not Applicable
- k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste): Not Applicable
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v): Not Applicable
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace): 0.5614 (AUF average from 2001 through 2008)

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

- ☒ A. MUNICIPAL OR UTILITY SERVICE: City of Brea Water Division, 1 Civic Center Circle, Brea, CA 92821-5758.
- ☐ B. INDIVIDUAL (wells): _____
- ☐ C. SURFACE SUPPLY:
1. NAME OF STREAM, LAKE, ETC. _____
2. TYPE OF WATER RIGHTS:
- ☐ RIPARIAN ☐ APPROPRIATION
3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE _____

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#):

- ☒ ENVIRONMENTAL IMPACT REPORT (EIR) No. 588 SCH# 2004011055
- ☐ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) _____
- ☐ ADDENDUM TO (Identify environmental document): _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- ☐ CATEGORICAL/STATUTORY EXEMPTION (CE/SE)
EXEMPTION TYPE _____ GUIDELINE # _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)**A. REQUIRED WITH ALL APPLICATION SUBMITALS:**

- ☒ RFI/JTD December 2009
(See Attachment 2)
- ☒ LOCAL USE/PLANNING PERMITS Cooperative Agreement with the City of Brea (see Appendix A of December 2009 JTD)
- ☒ LOCATION MAP - Figure 1 of December 2009 JTD
- ☒ MITIGATION MONITORING IMPLEMENTATION SCHEDULE
Included in EIR No. 588 (SCH No. 2004011055) dated November 2004
(see Attachment 3)
- ☒ ENVIRONMENTAL DOCUMENT(S):
- ☒ EIR No. 588 (SCH No. 2004011055)
- ☐ MND/ND _____
- ☐ EXEMPTION _____
- ☐ ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:

- ☒ OPERATING LIABILITY FINANCIAL MECHANISM February 2009
(See Attachment 1B)
- ☒ CLOSURE/POST CLOSURE MAINTENANCE PLAN
- ☒ PRELIMINARY _____ ☐ FINAL _____
in JTD dated December 2009
- ☒ FINANCIAL RESPONSIBILITY DOCUMENTATION November 19, 2008
(See Attachment 1C)
- ☒ LANDFILL CAPACITY SURVEY RESULTS (see instructions) September 8, 2009
(See Attachment 1D)

C. IF APPLICABLE:

- ☐ REPORT OF WASTE DISCHARGE _____
- ☐ CONTRACT AGREEMENTS _____
- ☐ STORMWATER PERMIT APPLICATION _____
- ☒ NPDES PERMIT APPLICATION - Notice of Intent to comply with WQ Order No. 97-13-DWQ, dated March 1992 (see Appendix A of JTD dated December 2009)
- ☐ VERIFICATION OF FIRE DISTRICT COMPLIANCE _____
- ☐ DEPT. OF HEALTH SERVICES PERMIT _____
- ☐ SWAT (Air and water) _____
- ☐ WETLANDS PERMITS _____
- ☐ OTHER: _____

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)**TYPE OF BUSINESS:**

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☒ GOVERNMENT AGENCY

OWNER(S) OF LAND
(Name): OC Waste & RecyclingSSN OR TAX ID #
956000928

ADDRESS, CITY, STATE, ZIP: 300 N. Flower Street, Suite 400, Santa Ana, CA 92703

TELEPHONE #: (714) 834-4000

FAX #: (714) 834-4002

E-MAIL ADDRESS: patti.henshaw@ocwr.ocgov.com

CONTACT PERSON (Print Name): Patricia Henshaw

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

☐ SOLE PROPRIETORSHIP

☐ PARTNERSHIP

☐ CORPORATION

☒ GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name): OC Waste & Recycling

SSN OR TAX ID #:

956000928

ADDRESS, CITY, STATE, ZIP: 300 N. Flower Street, Suite 400, Santa Ana, CA 92703

TELEPHONE #: (714) 834-4000

FAX #: (714) 834-4002

E-MAIL ADDRESS: patti.henshaw@ocwr.ocgov.com

CONTACT PERSON (Print Name): Patricia Henshaw

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

300 N. Flower Street, Suite 400, Santa Ana, CA 92703

Part 9. SIGNATURE BLOCK

Owner:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):

PRINTED NAME: Michael B. Giancola

TITLE: Director, OC Waste & Recycling

DATE: 1/7/10

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):

PRINTED NAME: Michael B. Giancola

TITLE: Director, OC Waste & Recycling

DATE: 1/7/10

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).